معمد المعمد المعادم ال									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective January 1, 2004									10/632798					
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN		
ΓŦ	OTAL CLAILA	^	(Colum	(Column 1)		(Column 2)		TYPE		OR SMALL ENTITY				
TOTAL CLAIMS								RATE	FEE	7.	RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E \$375	OF	BASIC FEE	\$750		
TOTAL CHARGEABLE CLAIMS			· m	minus 20=				X\$ 9=		OF	X\$18=			
INDEPENDENT CLAIMS			· n	. minus 3 =		•		X49=	<del>-</del>	7	You	<del> </del>		
MULTIPLE DEPENDENT CLAIM PR			PRESENT	RESENT				+145=	<del> </del>	_OR		<del> </del>		
* 11	If the difference in column 1 is less than zero, enter "0" in column 2								<del> </del>	OR	<u> </u>			
TOTAL OR												<u> </u>		
111/104										OR	OTHER SMALL			
W		CLAIMS REMAINING		HIGHE	EST	PRESENT	1		ADDI-	7		ADDI-		
K		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL	-	RATE	TIONAL		
DME	Total	. 2	Minus	** 2		-		X\$ 9=	FEE	1	X\$18=	FEE		
AMENDMENT	Independent	. 2	Minus	*** 2	<u> </u>	=		<del></del>	<u> </u>	OR				
ਕ	FIRST PRESENTATION OF MULT		ULTIPLE DE	TIPLE DEPENDENT				X43=		OR	X86=			
	•						.	+145=		OR	+290=			
	118					. <b>-</b>	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE				
-	11.0	(Column 1)	a en termas a s	(Colum		(Column 3)		· 		_				
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	lſ	5.475	ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO		EXTRA	ľ	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 2	Minus	-20	2	=		X\$ 9=		OR	X\$18=			
	Independent	1.2	Minus ·			a·	1	X43=		OR	X86=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		<b> </b> -		•					
	·		.•			•	L	+145= TOTAL		OR	+290=			
			•	•			A	OOIT. FEE		OR ,	TOTAL DDIT. FEE			
<del>-</del> i	Logary Control	(Column 1) CLAIMS		(Columi HIGHE		(Column 3)	_			_				
ت ∸		REMAINING AFTER		NUMBE	R	PRESENT		RATE	ADDI-	Ī	DATE	ADDI-		
N.	1000年代	AMENDMENT		PAID FO		EXTRA	L	HAIE	TIONAL FEE	1	RATE.	TIONAL FEE		
MEN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	ndependent	•	Minus	444	. ]	=	<b> </b>	X48=		-	X86=			
1	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR	<del></del>			
• H	he entry in colum	nn 1 le leer than 4			V la aat-		Ŀ	+145≇		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR' A	TOTAL DDIT. FEE			
ï	ne "Highest Num	ber Previously Paid	For" (Tetal or	independent	) is the h	3, enter 3.° alghest number	found	in the appr	opriale box			· ].		
		•							•			I		